



State of Maine  
Department of Health & Human Services  
11 State House Station  
Augusta, Maine  
04333-0011

John Elias Baldacci  
Governor

John R. Nicholas  
Commissioner

July 20, 2004

**TO:** Interested Parties

**FROM:** Christine Zukas-Lessard, Acting Director, Bureau of Medical Services

**SUBJECT:** Proposed Rule: MaineCare Benefits Manual, Chapters II & III, Section 109, Speech and Hearing Services

This new rule will repeal Section 10, Audiology Services, Section 105, Speech and Hearing Agencies Services, and Section 110, Speech-Language Pathology Services, from the MaineCare Benefits Manual, and replace them with a combined Section 109, Speech and Hearing Services, to provide the same services. However, certain restrictions will be placed on the ability of members aged 21 and older to access speech-language pathology services. Eligibility for adults will be limited to those with rehabilitation potential. The definition of a Speech and Hearing Agencies, and the periodicity of speech and language re-evaluations, was also clarified. Chapter III was reformatted with no change in reimbursement rates, and an advisory was added that procedure codes were subject to change upon 30 days notification to providers.

Rules and related rulemaking documents may be reviewed at and printed from the Bureau of Medical Services website at [www.maine.gov/bms/ProposedRuleMaking.htm](http://www.maine.gov/bms/ProposedRuleMaking.htm) or, for a fee, interested parties may request a paper copy of rules by contacting Lucille Weeks at 207-287-9368. The TDD/TTY number is 1-800-423-4331. A concise summary of the proposed rule is provided in the Notice of Rulemaking. This notice also provides information regarding the rule-making process. Please address all comments to the agency contact person identified in the notice.

10-144 - DEPARTMENT OF HEALTH & HUMAN SERVICES  
CH. 101, MAINECARE BENEFITS MANUAL  
CHAPTER II

SECTION 109

SPEECH & HEARING AGENCIES

9/1/04

NOTICE OF AGENCY RULE-MAKING PROPOSAL

**AGENCY:** Department of Health & Human Services, Bureau of Medical Services

**RULE TITLE OR SUBJECT:** MaineCare Benefits Manual, Chapters II and III, Section 109, Speech and Hearing Services

**PROPOSED RULE NUMBER:**

**CONCISE SUMMARY:**

This new rule will repeal Section 10, Audiology Services, Section 105, Speech and Hearing Agencies Services, and Section 110, Speech-Language Pathology Services, from the MaineCare Benefits Manual, and replace them with a combined Section 109, Speech and Hearing Services, to provide the same services. However, certain restrictions will be placed on the ability of members aged 21 and older to access speech-language pathology services. Eligibility for adults will be limited to those with rehabilitation potential. The definition of a Speech and Hearing Agencies, and the periodicity of speech and language re-evaluations, was also clarified. Chapter III was reformatted with no change in reimbursement rates, and an advisory was added that procedure codes were subject to change upon 30 days notification to providers.

SEE <http://www.maine.gov/bms/ProposedRuleMaking.htm> FOR RULES AND RELATED RULEMAKING DOCUMENTS.

THIS RULE WILL ☒ WILL NOT ☐ HAVE A FISCAL IMPACT ON MUNICIPALITIES.

**STATUTORY AUTHORITY:** 22 M.R.S.A. § 42, § 3173 and § 3174-FF

**PUBLIC HEARING:**

Date: August 16, 2004 Time: 1:00 p.m.  
Location: Conference Room 1A  
Department of Health and Human Services  
442 Civic Center Drive  
Augusta, ME 04333-0011

Any interested party requiring special arrangements to attend the hearing must contact the agency person listed below before August 11, 2004.

**DEADLINE FOR COMMENTS:** August 27, 2004

**AGENCY CONTACT PERSON:** Robert E. Gross  
**AGENCY NAME:** Division of Policy and Provider Services  
**ADDRESS:** 442 Civic Center Drive  
11 State House Station  
Augusta, ME 04333-0011  
**TELEPHONE:** 207-287-9366 FAX: (207) 287-9369  
TTY: 1-800-423-4331 or 207-287-1828 (Deaf or Hard of Hearing)

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SECTION 109

**SPEECH & HEARING AGENCIES**

9/1/04

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109.01 **PURPOSE**

The purpose of this rule is to provide medically necessary speech-language pathology and audiology services to MaineCare members who are adults (age 21 and over) with rehabilitation potential, and medically necessary speech-language pathology and audiology services to MaineCare members who are under age 21.

109.02 **DEFINITIONS**

109.02-1 Audiology Services means those services requiring the application of theories, principles and procedures related to hearing and hearing disorders for the purpose of assessment and treatment.

109.02-2 Augmentative and Alternative Communication Devices (AACD) are electronic or non-electronic aids, devices, or systems and related components, accessories and supplies that assist in overcoming or ameliorating the communication limitations that preclude or interfere with meaningful participation in current and projected daily activities.

109.02-3 Augmentative and Alternative Communication Services (AACS) are services provided to assist the individual in meeting the full range of his/her communication needs. The goal of AACS is to overcome or ameliorate the communication limitations that preclude or interfere with meaningful participation in current and projected daily activities.

109.02-4 Hearing Aid Services: Refer to Chapter II, Section 35, Hearing Aid Dealers.

109.02-5 Rehabilitation Potential is a documented expectation by the member's physician or PCP that the member's condition will improve significantly in a reasonable predictable period of time as a result of the prescribed treatment plan. The physician's documentation of rehabilitation potential must include the reasons used to support the physician's expectation.

109.02-6 Speech and Hearing Agency is a facility that offers, at a minimum, both speech-language pathology services and audiology services by qualified professional staff who are employees of the speech and hearing agency.

109.02-7 Speech-Language Pathology Services services are those services requiring the application of theories, principles and procedures related to the development and disorders of speech, voice, language, and oral pharyngeal and related functions, for purposes of assessment and treatment.

109.03 **ELIGIBILITY FOR CARE**

Members must meet the financial eligibility criteria as set forth in the MaineCare Eligibility Manual. Some members may have restrictions on the type and amount of services they are eligible to receive. It is the responsibility of the provider to verify a member's eligibility for MaineCare, as described in Chapter I, prior to providing services,.

**109.04 SPECIFIC ELIGIBILITY FOR CARE**

Services for members of all ages must be medically necessary. The Department or its authorized agent has the right to perform eligibility determination and/or utilization review to determine if services provided were medically necessary.

Adult members (age twenty-one (21) and over), must have an initial evaluation by a physician that documents that the member has experienced a significant decline in his/her ability to communicate orally, safely swallow or masticate, and that the member's condition is expected to improve significantly in a reasonable, predictable period of time as a result of the prescribed treatment plan.

**109.05 DURATION OF CARE**

- A. Each Title XIX and XXI member is eligible for as many covered services as are medically necessary as determined by the Department of Health & Human Services. The Department reserves the right to request additional information to determine medical necessity.
- B. Members aged 21 and older, who receive speech therapy services, must obtain a re-evaluation of their progress in speech therapy by a speech-language pathologist every six (6) months. The report of the speech-language pathologist's progress and prognosis for improved speech, swallowing or chewing functioning must be sent to a physician, who must in turn, determine if a rehabilitation potential continues to exist for the member. Speech therapy will be continued only as long as the member demonstrates physician-certified rehabilitation potential to benefit from additional speech-language therapy.

**109.06 SETTING**

MaineCare will reimburse for speech and hearing services when provided in appropriate settings. Approved settings for these services are the practitioners' offices, speech and hearing agencies, and members' homes.

Services may be provided in an alternative setting at the practitioner's discretion when the following conditions are met:

- 1. The services are medically necessary.
- 2. The setting is conducive to the services being provided.

For speech and hearing Services provided in a nursing facility or an ICF-MR by a speech-language pathologist or audiologist, refer to Chapter II, Section 67, Nursing Facility Services, or Section 50, ICF-MR Services.

109.07 **COVERED SERVICES**

A covered service is a service for which payment can be made by the Department. All covered services provided under this Section must be ordered or requested in writing by a physician, physician assistant, or advanced practice registered nurse as allowed by the respective licensing authority and their scope of practice. Covered speech-language pathology services for members aged 21 or older is also limited to those members who have been assessed to have rehabilitation potential as defined in Section 109.02-5., and meet the criteria described in Section 109.04, Specific Eligibility for Care. Covered services are also limited to the following:

109.07-1 Covered Services for All Members

The following services are covered for all members:

A. Speech, Voice and Language Evaluation, Diagnosis and Plan of Care by Speech-Language Pathologist

A direct encounter between a licensed speech-language pathologist and the member to determine speech and language status of both receptive and expressive communication skills.

B. Speech, Voice and Language Therapy and/or Aural Rehabilitation, Individual.

The process of producing behavioral change in the person with a communication disorder involving a one-to-one relationship by a licensed speech-language pathologist or a registered speech-language pathology assistant and following a plan of care.

C. Speech, Voice and Language Therapy and/or Aural Rehabilitation, Group.

The process of producing behavioral change in the person with a communication disorder involving other than a one-to-one relationship by a licensed speech-language pathologist or a registered speech-language pathology assistant and following a plan of care.

D. Speech Pathology, Collateral Services

Collateral services are face-to-face contacts on behalf of a member by a speech-language pathologist to seek information or discuss the member's case with other professionals, care givers, or others included in the treatment plan in order to achieve continuity of care, coordination of services and the most appropriate mix of services for the member. Discussions or meetings between staff of the same agency or clinic (or contracted agency or clinic), are not considered collateral contacts,

109.07 **COVERED SERVICES** (cont.)

unless such discussions are part of a team meeting that includes other professionals and care givers who are not employed by the same agency or clinic but who are included in the development of the treatment plan. For purposes of these rules, school administrations are not considered agencies or clinics.

E. Speech and Language Periodic Re-Evaluation

A direct encounter between member and speech-language pathologist to determine current status with periodicity determined by plan of care. At minimum, re-evaluations will occur and plans updated within six (6) months of the date of the plan of care.

F. Speech Pathology Diagnostic Services at Physician's Request

Specialty testing by speech-language-pathologist to assist in diagnosis and developing a medical plan of care. Report will include speech-language pathologist's recommendations. Currently acceptable medical tests and procedures are to be utilized as medically necessary.

G. Hearing Screening by a Speech-Language Pathologist

Pure tone air conduction testing by a speech-language pathologist as part of a hearing screening program.

H. Speech, Voice and/or Language Screening

Speech, voice and/or language screening by a licensed speech-language pathologist or a registered speech-language pathology assistant as part of a screening program.

I. Augmentative and Alternative Communication Evaluation Services

The scope of augmentative and alternative communication evaluation services includes diagnostic, screening, preventive, and corrective services provided by a licensed speech-language pathologist or, as appropriate, a registered speech-language pathology assistant. Specific activities include: evaluation for, recommendations of, design, set-up, customization, reprogramming, maintenance, and training related to the use of an AACD. Refer to Chapter II, Section 60, of the MaineCare Benefits Manual for criteria for augmentative communication devices.

J. Therapeutic Adaptations and Set-Up for Assistive/Adaptive Equipment

This shall include customizing the operational characteristics of an AACD in order to meet the needs of the individual member and to maximize the use and effectiveness of the device.



109.07 **COVERED SERVICES** (cont.)

This service shall be performed by a licensed speech-language pathologist who is familiar and has experience with augmentative communication devices.

K. **Reprogramming**

This shall include any necessary reprogramming of AACD equipment when performed by a licensed speech-language pathologist or registered speech-language pathology assistant who is familiar and has experience with augmentative communication devices.

L. **Audiologic Evaluation, Diagnosis and Plan of Care, by Audiologist**

A direct encounter between a member and an audiologist to determine hearing status.

M. **Audiologic Evaluation for Persons Difficult to Test**

Based on a written plan of care serial evaluation for persons difficult to test in order to obtain reliable audiologic information necessary for case management.

N. **Audiologic Evaluation for Site of Lesion**

A direct encounter between a member and an audiologist which determines site of lesion, may include but is not limited to the following tests: pure tone air, pure tone bone, speech audiometry, Bekesy, tone decay, short increment sensitivity index (SISI), impedance, alternate binaural loudness balance tests (ABLB).

O. **Audiology, Collateral Services**

Face-to-face contact on behalf of the member by an audiologist to seek information, or discuss the member's case with other professionals, care givers, or others included in the treatment plan in order to achieve continuity of care, coordination of services and the most appropriate mix of services for the member. Discussions or meetings between staff of the same agency or clinic are not considered collateral contacts, unless such discussions are part of a team meeting which includes other professionals and/or care givers who are not employed by the same agency or clinic but are included in the development of the treatment plan. For purposes of this rule, school administrations are not considered agencies or clinics.

109.07 **COVERED SERVICES** (cont.)

P. Audiologic Evaluation as a Result of Change in Hearing Status Because of Disease, or Trauma

Audiologic evaluation necessitated by an observed or suspected change in member's hearing status because of disease or injury, on referral from a physician.

Q. Audiologic Diagnostic Services at Physician's Request

Specialty testing by audiologist to assist in diagnosis and developing a medical plan of care. Report will include audiologist's recommendations.

R. Aural or Language Rehabilitation (including speech reading), Individual, by Audiologist

The process of producing behavioral change in the person presenting communication disorders related to auditory function, involving a one-to-one relationship, and following a plan of care. This includes cochlear implant follow-up aural rehabilitation services.

S. Aural or Language Rehabilitation (including speech reading), Group, by Audiologist

The process of producing behavioral change in the person presenting a communication disorder related to auditory function involving other than a one-to-one relationship and following a plan of care.

NOTE: "Group" is defined as up to four individuals with one clinician. When services are provided, a brief notation must be made for each individual in his/her medical record.

109.07-2 Covered Services for Members under the Age of 21

Coverage of the following services is limited to members under the age of 21:

A. Hearing Aid Evaluation and Related Procedures, by Audiologist

Demonstrating a hearing aid; the process of familiarizing a member with the basic features of a hearing aid by providing the opportunity to experience hearing with a hearing aid, and comparing hearing performance with and without amplification as part of a program of rehabilitation.

109.07 **COVERED SERVICES** (cont.)

Coverage requires an audiologist's report, which includes recommendations for amplification and data to support the recommendations.

If a hearing evaluation demonstrates the need for a hearing aid, procedures for purchase of hearing aid should be followed. Refer to of the MaineCare Benefits Manual, Chapters II and III, Section 35, Hearing Aids and Services, for requirements regarding coverage for the purchase of a hearing aid.

B. Hearing and/or Hearing Aid Periodic Recheck

A direct encounter between the member and the audiologist to determine cont.current hearing and/or hearing aid status with periodicity of return outlined in plan of care.

C. Hearing Screening for Children up to Age Five (5) by an Audiologist

D. Ear Molds

109.08 **LIMITATIONS**

109.08-1 Audiology Evaluation

If such an evaluation has already been performed by another audiologist within the previous four (4) months, prior authorization (PA) by the Department is required. Refer to Section 109.09-5, below, for procedure to request PA.

109.08-2 Rehabilitation Potential for Adult Speech-Language Pathology Services

The member must also receive an initial evaluation by a speech-language pathologist that supports the physician's determination that rehabilitation potential (see Section 109.02-5) exists. If speech-language pathology services are to be continued beyond a period of six (6) months, a re-evaluation by a speech-language pathologist must be completed every sixth month from the initial determination of rehabilitation potential, in order to determine that rehabilitation potential continues to exist. A report of the results of the speech-language pathologist's six-month re-evaluation must be sent to the member's physician, who will use that information to decide if rehabilitation potential continues to exist. If the physician agrees in writing that rehabilitation potential continues to exist, the member may continue to receive speech-language pathology services for an additional six (6) month period.

109.09 **POLICIES AND PROCEDURES**

109.09-1 Records

The provider will maintain an individual record for each member eligible for MaineCare reimbursement, including but not limited to:

- A. Name, birthdate, MaineCare ID Number.
- B. Referral from a physician, physician assistant, or advanced practice registered nurse as allowed by the licensing authority and scope of practice, made in writing or by telephone prior to the delivery of service. Written referral confirming a telephone referral must be included in the record within 30 days of the original order.
- C. Pertinent medical information, as available, regarding the member's condition.
- D. Appropriate hearing and/or speech-language evaluation and diagnosis.
- E. A plan of care which includes identified problems, treatment in relation to the problems, and obtainable goals. This plan shall be updated in relation to the member's progress in reaching the goals.
- F. Documentation of each visit, showing the date of service, the service performed, the time, and the signature of the individual performing the service.
- G. Progress notes written regularly (at least quarterly), which state the progress which the member has made in relation to the plan of care.
- H. A discharge summary with a copy sent to the referring physician.
- I. Copies of prior authorization or any other pertinent information concerning the member.

Members' records will be kept current and available to the Department as documentation of services included on invoices.

109.09-2 Audiology Reports and Plan of Care

The report of hearing evaluation or specific audiology procedures will include a plan of care based on audiologic and other data obtained. The plan of care is a prerequisite to aural rehabilitation and speech-language therapy, and should include but not be limited to: Diagnosis with severity rating, short and long-term goals(s) and objectives, method of evaluating member change, estimated

109.09 **POLICIES AND PROCEDURES** (cont.)

time to achieve goal(s) and objectives, frequency and duration of therapy contacts, and periodicity of review.

109.09-3 Qualified Professional Staff

- A. A speech-language pathologist must hold a valid license for the State or Province in which the services are provided in order to receive reimbursement.
- B. Audiologists must hold a valid license for the State or Province in which the services are provided in order to receive reimbursement.
- C. A speech-language pathology assistant must be registered as a speech-language pathology assistant by the Maine Board of Examiners on Speech-Language Pathology and Audiology, as documented by written evidence from such Board, or be registered in accordance with the licensure of the State or Province in which services are provided. A speech-language pathology assistant must be supervised by a licensed speech-language pathologist.

109.09-4 Surveillance and Utilization Review

The Department or its authorized agent will review speech and hearing services for children (age 20 or under) for medical necessity as outlined in Chapter I of this Manual.

See Chapter I of this Manual for additional information on Surveillance and Utilization Review activities.

109.09-5 Procedure to Request Prior Authorization

To request prior authorization of a service, the request must be made in writing to:

Professional Claims Review Unit  
Health Care Management and Member Services  
Bureau of Medical Services  
11 State House Station  
Augusta, Maine 04333-0011

109.10 **REIMBURSEMENT**

The maximum amount of payment for services rendered is be the lowest of the following:

- A. The provider's usual and customary charge,
- B. The amount listed in Chapter III, Section 109 of the MaineCare Benefits Manual.
- C. The lowest amount allowed by Medicare Part B, when applicable.

In accordance with Chapter I of the MaineCare Benefits Manual, it is the responsibility of the provider to seek payment from any other resources that are available for payment of the rendered service prior to billing MaineCare.

109.11 **COPAYMENTS**

109.11-1 **Copayment Amount**

- A. A copayment will be charged to each MaineCare member receiving speech pathology services. The amount of the copayment shall not exceed \$2.00 per day for services provided, according to the following schedule:

<u>MaineCare Payment for Service</u>	<u>Member Copayment</u>
\$10.00 or less	\$ .50
\$10.01 - 25.00	\$1.00
\$25.01 or more	\$2.00

- B. The member shall be responsible for copayments up to \$20.00 per month whether the copayment has been paid or not. After the \$20.00 cap has been reached, the member shall not be required to make additional copayments and the provider shall receive full MaineCare reimbursement for covered services.
- C. No provider may deny services to a member for failure to pay a copayment. Providers must rely upon the member's representation that he or she does not have the cash available to pay the copayment. A member's inability to pay a copayment does not, however, relieve his/her liability for a copayment.
- D. Providers are responsible for documenting the amount of copayments charged to each member (regardless of whether the member has made payment) and shall disclose that amount to other providers, as necessary, to confirm previous copayments.

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109.11 **COPAYMENTS** (cont.)

109.11-2 Copayment Exemptions and Dispute Resolutions

See Chapter I of this Manual for information on copayment exemptions and dispute resolutions.

109.12 **BILLING INFORMATION**

- A. Billing must be accomplished in accordance with the Department's "Billing Instructions for the HCFA-1500 Claim Form."
- B. All services provided on the same day shall be submitted on the same claim form for MaineCare reimbursement.

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**ALL PROCEDURE CODES IN THIS SECTION WILL CHANGE. MAINECARE WILL SEND A WRITTEN NOTICE TO ALL PROVIDERS AT LEAST 30 DAYS IN ADVANCE, NOTIFYING THEM OF THE CODING CHANGES FOR THE FOLLOWING PROCEDURE CODES.**

PROC CODE	DESCRIPTION	MAXIMUM ALLOWANCE	UNIT
<b><u>SPEECH-LANGUAGE PATHOLOGIST AT SPEECH AND HEARING AGENCY</u></b>			
SHC12	Speech, Voice, And Language Evaluation, Diagnosis, And Plan Of Care, By Speech-Language Pathologist	\$13.87	per 1/4 Hr.
SHC14	Speech, Voice, And Language Therapy And/Or Aural Rehabilitation, Individual, By Speech-Language Pathologist	\$13.87	per 1/4 Hr.
SHC16	Speech, Voice, And Language Therapy And/Or Aural Rehabilitation, Group, By Speech-Language Pathologist	\$ 9.20	per 1/4 Hr.
SHC18	Speech Pathology, Collateral Services	\$13.87	per 1/4 Hr.
SHC20	Speech And Language Periodic Reevaluation	\$13.87	per 1/4 Hr.
SHC22	Speech Pathology Diagnostic Services At Physician's Request	\$13.87	per 1/4 Hr.
SHC24	Hearing Screening By A Speech-Language Pathologist	\$13.87	per 1/4 Hr.
<b><u>SPEECH-LANGUAGE PATHOLOGY ASSISTANT AT SPEECH AND HEARING AGENCY</u></b>			
SHC26	Speech, Voice, And Language Therapy And/Or Aural Rehabilitation, Individual, By A Registered Speech-Language Pathology Assistant	\$13.87	per 1/4 Hr.
SHC28	Speech, Voice, And Language Therapy And/Or Aural Rehabilitation, Group, By A Registered Speech-Language Pathology Assistant	\$ 9.20	per ¼ Hr.
SHC30	Hearing Screening By A Registered Speech-Language Pathology Assistant	\$13.87	per 1/4 Hr.
SHC32	Speech, Voice And/Or Language Screening By A Registered Speech-Language Pathology Assistant	\$13.87	per 1/4 Hr.



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PROC CODE	DESCRIPTION	MAXIMUM ALLOWANCE	UNIT
<b><u>AUGMENTATIVE SERVICES AT SPEECH AND HEARING AGENCY</u></b>			
SHC33	Augmentative Communication Evaluation	\$13.87	per 1/4 Hr.
SHC34	Therapeutic Adaptations And Set-Up For Assistive/Adaptive Equipment	\$13.87	per 1/4 Hr.
SHC35	Reprogramming	\$13.87	per 1/4 Hr.
<b>AUDIOLOGY SERVICES AT SPEECH AND HEARING AGENCY</b>			
SHC37	Audiologic Evaluation, Diagnosis And Plan Of Care, By Audiologist	\$13.87	per 1/4 Hr.
SHC39	Audiologic Evaluation For Difficult To Test Person, Based On A Written Plan Of Care	\$13.87	per 1/4 Hr.
SHC41	Audiologic Evaluation For Site Of Lesion	\$13.87	per 1/4 Hr.
SHC43	Hearing Aid Evaluation, Related Procedures By Audiologist	\$13.87	per 1/4 Hr.
SHC45	Aural Or Language Rehabilitation (Including Speech Reading and cochlear implant follow-up services), Individual, By Audiologist	\$13.87	per 1/4 Hr.
SHC47	Aural Or Language Rehabilitation (Including Speech Reading), Group, By Audiologist	\$9.20	per 1/4 Hr.
SHC49	Audiology, Collateral Services	\$13.87	per 1/4 Hr.
SHC51	Audiologic Evaluation As A Result Of Change In Hearing Status Because Of Disease, Trauma	\$13.87	per 1/4 Hr.
SHC53	Hearing And/Or Hearing Aid Periodic Recheck	\$13.87	per 1/4 Hr.
SHC55	Hearing, Screening, Age Appropriate, By Audiologist	\$13.87	per 1/4 Hr.
SHC57	Audiologic Diagnostic Services At Physician's Request	\$13.87	per 1/4 Hr.
SHC59	Speech, Voice And/Or Language Screening By A Speech-Language Pathologist	\$13.87	per 1/4 Hr.
SHC60	Ear Mold	\$29.50	Each

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PROC CODE	DESCRIPTION	MAXIMUM ALLOWANCE	UNIT
<b><u>INDEPENDENT SPEECH-LANGUAGE PATHOLOGIST</u></b>			
6021	Speech, Voice, And Language Evaluation, Diagnosis, And Plan Of Care, By Speech-Language Pathologist	\$18.00	Per 1/4 Hr.
6022	Speech, Voice, And Language Therapy And/Or Aural Rehabilitation, Individual, By Speech-Language Pathologist	\$11.75	Per 1/4 Hr.
6023	Speech, Voice, And Language Therapy And/Or Aural Rehabilitation, Group, By Speech-Language Pathologist	\$ 7.80	Per 1/4 Hr.
6025	Speech Pathology, Collateral Services,	\$11.75	Per 1/4 Hr.
6026	Speech And Language Periodic Reevaluation,	\$11.75	Per 1/4 Hr.
6027	Speech Pathology Diagnostic Services At Physician's Request	\$11.75	Per 1/4 Hr.
6028	Hearing Screening By A Speech-Language Pathologist	\$11.75	Per 1/4 Hr.
6029	Speech, Voice And/Or Language Screening By A Speech-Language Pathologist	\$11.75	Per 1/4 Hr.
<b><u>SPEECH-LANGUAGE PATHOLOGY ASSISTANT WORKING UNDER THE AUSPICES OF AN INDEPENDENT SPEECH-LANGUAGE PATHOLOGIST</u></b>			
6046	Speech, Voice, And Language Therapy And/Or Aural Rehabilitation, Individual, By A Registered Speech-Language Pathology Assistant	\$11.75	Per 1/4 Hr.
6048	Speech, Voice, And Language Therapy And/Or Aural Rehabilitation, Group, By A Registered Speech-Language Pathology Assistant	\$ 7.80	Per 1/4 Hr.
6050	Hearing Screening By A Registered Speech-Language Pathology Assistant	\$11.75	Per 1/4 Hr.
6052	Speech, Voice And/Or Language Screening By A Registered Speech-Language Pathology Assistant	\$11.75	Per 1/4 Hr.

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CH. 101, MAINECARE BENEFITS MANUAL  
CHAPTER II

SECTION 109

**SPEECH & HEARING AGENCIES**

9/1/04

PROC CODE	DESCRIPTION	MAXIMUM ALLOWANCE	UNIT
<b><u>AUGMENTATIVE SERVICES BY AN INDEPENDENT SPEECH-LANGUAGE PATHOLOGIST, OR A SPEECH-LANGUAGE PATHOLOGY ASSISTANT WORKING UNDER THE AUSPICES OF AN INDEPENDENT SPEECH-LANGUAGE PATHOLOGIST</u></b>			
6063	Augmentative Communication Evaluation	\$11.75	Per 1/4 Hr.
6064	Therapeutic Adaptations And Set-Up For Assistive/Adaptive Equipment	\$11.75	Per 1/4 Hr.
6065	Reprogramming	\$11.75	Per 1/4 Hr.
<b>INDEPENDENT AUDIOLOGIST</b>			
6019	Ear Mold	\$25.00	EACH
6030	Audiologic Evaluation, Diagnosis And Plan Of Care, By Audiologist	\$11.75	Per 1/4 Hr.
6031	Audiologic Evaluation For Difficult To Test Person, Based On A Written Plan Of Care	\$11.75	Per 1/4 Hr.
6032	Audiologic Evaluation For Site Of Lesion	\$11.75	Per 1/4 Hr.
6033	Hearing Aid Evaluation, Related Procedures By Audiologist	\$11.75	Per 1/4 Hr.
6034	Aural Or Language Rehabilitation (Including Speech Reading and cochlear implant follow-up services), Individual, By Audiologist	\$11.75	Per 1/4 Hr.
6035	Aural Or Language Rehabilitation (Including Speech Reading), Group, By Audiologist	\$11.75	Per 1/4 Hr.
6036	Audiology, Collateral Services	\$11.75	Per 1/4 Hr.
6037	Audiologic Evaluation As A Result Of Change In Hearing Status Because Of Disease, Trauma	\$11.75	Per 1/4 Hr.
6038	Hearing And/Or Hearing Aid Periodic Recheck	\$11.75	Per 1/4 Hr.
6039	Hearing Screening, Age Appropriate, by Audiologist	\$11.75	Per 1/4 Hr.
6040	Audiologic Diagnostic Services at Physician's Request	\$11.75	Per 1/4 Hr.